10/53066

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

RIAL NO. FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED			AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
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PTO - 1360 (REV. 11/04)

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TOTAL DEP.	16			7		<b>—</b>
TOTAL CLAIMS						

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